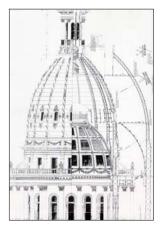
## **MICHIGAN REGISTER 2005 INVOICE**



## PLEASE PRINT THIS INVOICE, COMPLETE THE FOLLOWING INFORMATION AND MAIL TO:

## **DMB**

ATTN: State Office of Administrative Hearings and Rules Ottawa Building 611 West Ottawa Street Lansing, MI 48909

## Make checks payable to: State of Michigan.

Date:	
<b>Customer Phone</b>	
Customer Name	
Mailing Address	

Subscription Service from 1/15/2005 - 1/15/2006	Quantity	Unit Sub(s)	Unit Price \$400.00	Amount
				Invoice Total